

Renewal Application for a Permit to Operate
State of New York Department of Health

Facility Information (Please modify only if information has changed.)

Facility _____ Code _____

Address _____ Phone _____

Location _____ County _____

Mail To

Permitted Operation

Event _____ Fee Exempt _____

In Operation: ☐ Year-Round ☐ Seasonal Expected Opening Date _____ Expected Closing Date _____
Month/Day Month/Day

Days/Hours of Operation: Capacity _____
Units _____

Total Fee Due _____ Permit Expiration Date _____

Operations Regulated by this Permit

Operation Name	Operation Type	Category	Status of Operation
BATH BUDGET INN	Bed and Breakfast	Transient Lodging	Permitted

Owner/Operator Information(Please modify only if information has changed.)

Permit Applicant Information

Legal Operator or Operating Corporation _____

Person in charge _____

First _____ M.I. _____ Last _____

Address _____

City, State, Zip _____

Phone _____ Fax () - _____

E-mail Address _____

SSN or EIN Number _____
☐ SSN ☒ EIN

Owner/Permit Applicant Information

Owner _____

Address _____

City _____ NY _____

Phone _____ Fax () - _____

E-mail Address _____

SSN or EIN Number _____
☐ SSN ☒ EIN

FOR OFFICE USE ONLY

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Workers' Compensation and Disability Insurance (Enter current Information)

Workers' Compensation

Policy Carrier _____
Policy No _____ Exp. Date _____

Disability

Policy Carrier _____
Policy No _____ Exp. Date _____

Form C10521 Issued on _____ Exp Date _____

Return Completed Application

Please return completed application to: New York State Department of Health
Hornell District Office
107 Broadway, Room 105
Hornell NY 148431562
(607) 324 - 8371

Signature of Individual Operator or Authorized Official (Entire section must be completed by all applicants.)

Failure to completely fill out and sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code.

Signature _____

Print Name _____ Title _____ Date _____

FOR OFFICE USE ONLY

Permit issuance recommended? ☐ Yes ☐ No Permit Effective Date _____ Permit Expiration Date _____

Conditions of approval _____

Signature _____ Title _____ Date _____